

OneCity Health

Planning + Implementation Update
DSRIP Project Approval and Oversight Panel (PAOP)

January 21, 2016

NYC
HEALTH+
HOSPITALS

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- ❑ The OneCity Health PPS is the largest in NYS, the only public hospital-led PPS in NYC, and serves one of the most diverse populations in NYS

- ❑ Through DSRIP and other efforts, we seek to change the way we deliver health and social services for all New Yorkers. Our planning efforts are intensive and lay the foundation for understanding each partners' contribution to health and well-being
 - Substantive partner engagement
 - Ongoing evaluation of clinical and social services interventions

- ❑ Our strategy is to will build upon NYC H+H strengths and infrastructure, while partnering (contracting) for expertise and capacity in primary care, social services, and other services for which NYC H+H does not currently meet needs

- ❑ Our initial, publicly-stated target date to flow funds was DY1Q3 – we missed that target but intend to flow funds by DY1Q4
 - We are not contracting on basis of Medicaid attribution
 - We contract as projects are initiated across network
 - CBOs are the first partners paid (Project 11)

- ❑ We continue to collaborate with other NYC PPSs across a range of DSRIP program efforts, including Domain 4 projects, care management platform design, and workforce planning and training

OneCity Health Network: ~1,100 Sites and ~12,000 Providers

Manhattan	
Inpatient/Hospital	3
Primary Care	69
Outpatient BH	78
Long-Term Care	26
Pharmacy	16
Social Services/CBOs	132

Bronx	
Inpatient/Hospital	3
Primary Care	36
Outpatient BH	50
Long-Term Care	39
Pharmacy	21
Social Services/CBOs	99

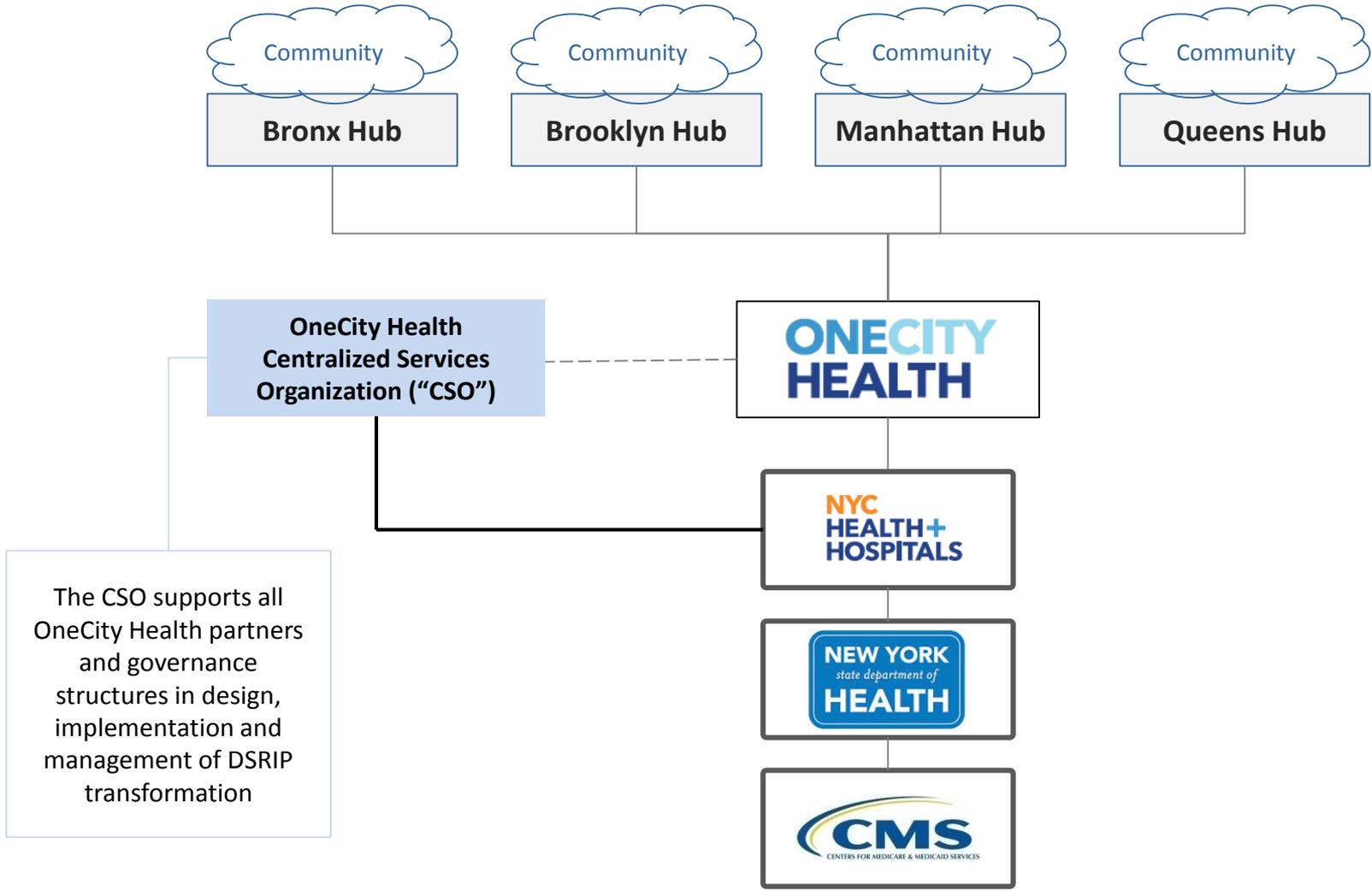
Brooklyn	
Inpatient/Hospital	4
Primary Care	51
Outpatient BH	58
Long-Term Care	36
Pharmacy	16
Social Services/CBOs	91

Queens	
Inpatient/Hospital	2
Primary Care	43
Outpatient BH	60
Long-Term Care	19
Pharmacy	16
Social Services/CBOs	61



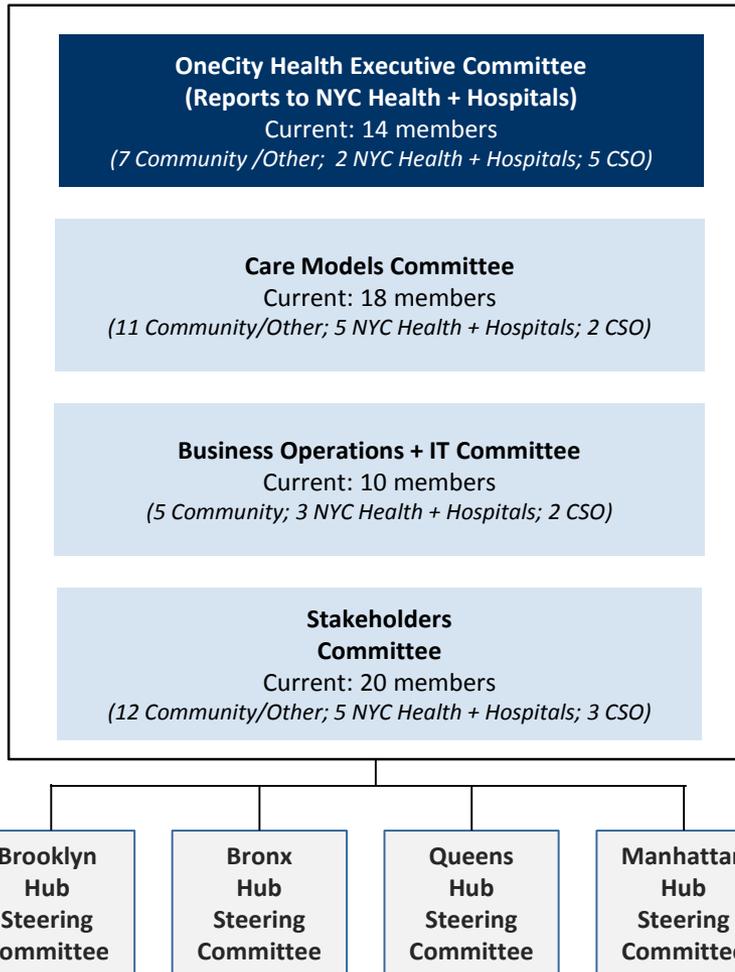
Number of sites providing service, by borough, according to OneCity Health Partner Readiness Assessment Tool

OneCity Health Structure: Hub-Based Model to Meet Local Needs



OneCity Health Governance Committees Oversee Strategy, Program Implementation + Performance, and Funds Flow

Governance Structure



Committee Responsibilities

Executive Committee

- Provides strategic leadership and oversight for all DSRIP activities
- Approves proposals for funding allocations
- Evaluates performance of DSRIP projects and partners
- Ensures timely decisions

Care Models Committee

- Recommends DSRIP clinical processes, guidelines (and workflows) used across care continuum
- Plays key role in review/recommendation of tools developed by the CSO to monitor DSRIP project performance across all partners

Business Operations + IT Committee

- Reviews/recommends CSO-developed processes and protocols for adoption and use of IT technologies to be used by partners.
- Recommends budgets and the distribution of DSRIP funds

Stakeholders Committee

- Provides leadership in development and oversight of all stakeholder and patient engagement activities
- Recommends cultural competency and workforce planning efforts

Hub Steering Committees

- Provide local leadership of DSRIP activities and progress
- Reports back to PPS-wide committees on local issues and best practices
- Max 8-12 members

**OneCity Health's core values, developed by the PAC, are located in the Appendix*

**OneCity Health Central and Hub-level PACs and Consumer Advisory Workgroups are not shown here

Category	Engagement Activities To-Date
<p>In-person, Small Group Partner Engagement</p>	<ul style="list-style-type: none"> • 100+ partner site visits by hub teams to better understand partner capabilities, needs and interest in participating in a range of projects • Ad-hoc cross-partner workgroups, including CBOs, have informed project design (asthma, community primary care, Project 11), payment models, and implementation toolkits
<p>In-person, Larger Group Partner Engagement</p>	<ul style="list-style-type: none"> • Seven all-PPS or hub-specific PAC meetings since November 2014 to inform and build relationships; regular meetings throughout the next five years • Consumer Advisory Workgroups to begin in early February: comprise users of health and social services in each hub; will provide guidance on the social determinants of health, barriers to access and advise upon strategies and implementation plans • In addition to PAC, roughly 15 engagement sessions held for NYC H+H clinical councils, SUNY clinical and operational leadership, ad-hoc cross-partner clinical leadership teams since December 2014 • Ongoing meetings established with OneCity Health labor partners to improve engagement and participation
<p>Other Regular Education and Engagement Channels</p>	<ul style="list-style-type: none"> • Project Participation Opportunities (PPOs) distributed to OneCity Health network as transparent, supplemental method to identify full range of qualified partner organizations for each project • Webinars describing DSRIP clinical care models open to entire partner network • Website, www.OneCityHealth.org details our structure + planning efforts • Newsletters to subscribers comprising 50 near-weekly updates and engagement requests to nearly 1,000 newsletter recipients

- ❑ Partner payment methodology aligns with how OneCity Health earns its payments from DOH, evolving from process-based payments to outcomes-based payments
- ❑ Between now and March 2017, partner payments will be directly linked to resource needs and process milestones associated with phased project roll-out
- ❑ Our initial, publicly-stated target date to flowing funds was DY1Q3 – we missed that target but intend to flow funds by DY1Q4
- ❑ Our first funds will flow to our CBO partners for their participation in Project 11 – administering the Patient Activation Measure and linking the uninsured to care and coverage
- ❑ Of a valuation of ~\$1.2B, we estimate our administrative expense to be ~\$21M, or 1.8% of total valuation*

**OneCity Health considers Costs of Administration to reflect the management functions served by OneCity Health Services (the PPS Central Services Organization) that are not specific to the operational implementation of clinical projects or PPS partner management at the hub level. Examples of Costs of Administration include communications, finance, administrative support, and certain senior leadership functions.*

Phase 1: Master Services Agreement

- **Timing:** Ongoing; ~75% executed to-date
- **Purpose:**
 - Establishes general roles and responsibilities of partners
 - Outlines general framework for distributing DSRIP payments
 - Outlines governance process
 - Provide basic legal terms governing relationships among the parties
- **MSA Development Process:**
 - Draft MSA issued to all partners with invitation to comment. Webinar(s) held to review content (April 2015)
 - Over 150 comments received – all comments addressed, many suggested changes were incorporated
 - MSA finalized in June following an all-partner webinar to discuss accepted changes
 - MSA approved by OneCity Health Executive Committee in June 2015.

Phase 2: Project-Specific Schedules

- **Timing:** Ongoing; began in December
- **Purpose:**
 - Details specific obligations related to project implementation
 - Identifies funding a partner is eligible to receive for implementing component(s) of a project
 - Outlines data and reporting obligations
- **Schedule Development Timeline:**
 - Project 11 (CBOs)– DY1Q3
 - Asthma (CBOs, community PCPs) – DY1Q4
 - Palliative care (PCPs) – DY1Q4
 - Palliative care (training) – DY1Q4
 - Core competencies (PCP) – DY1Q4
 - All others: rolling basis

Strategy

- **Expand operational capacity through build + redesign**
 - Continue multi-year access improvement efforts at NYC Health + Hospitals sites
 - Investigate and pilot visit redesign to offer health + social services effectively
 - In support of Mayor’s Caring Neighborhoods Initiative, create 5+ new health centers and expanding capacity and services at 6 existing sites by 2017
 - Build new capacity as feasible under CRFP funding awards for NYC H+H and FQHC applicants
 - Build effective relationship and linkages between primary care provider network and hospitals
 - Achieve operational requirements of NCQA/PCMH Level 3 (2014) designation

- **Improve patient engagement and care team functioning**
 - Contract with community based organizations to provide outreach + effective care linkages
 - Implement interventions known to improve engagement for specific populations
 - Train workforce to function as high-performing primary care team that provides culturally competent services

Network Descriptor	OneCity Health Current State
Breadth	~140 individual sites overseen by ~45 organizations (~50 NYC H+H sites)
PCMH Status	<ul style="list-style-type: none"> • ~85 sites with PCMH certification; ~60 at Level 3, 2011 standards • Procurement for technical assistance for community providers near-final
Operational Capacity	<ul style="list-style-type: none"> • Currently inadequate at PPS level; difficult to estimate because of partner overlap • Major dependencies include capital availability

- ❑ OneCity Health is implementing all three primary care/behavioral health integration models
 - For the IMPACT model, we are leveraging two years of experience from NYC Health + Hospitals and expanding throughout the PPS network
 - Community site readiness is key driver of implementation success
 - Adult community primary care practices to be surveyed in February
 - For colocation models (2), we are building on existing efforts and remain dependent on capital funding to implement broadly
 - For NYC H+H, internal pilots for co-location in development
 - For community providers, we are developing options to achieve supply/demand match for BH and primary care partner organizations within each hub

- ❑ Across all other DSRIP clinical projects, we seek to incorporate the needs of people with behavioral health conditions
 - All care management related DSRIP clinical projects, including specific interventions for super-utilizers
 - A modified IMPACT model for adolescents within Domain 4 MHSA efforts

- ❑ Adequate behavioral health staffing is biggest implementation risk across all efforts – there is fierce competition for a limited number of providers across NYC
 - At NYC Health + Hospitals, work is underway to define new staffing models to better meet need for services across network
 - Our community BH providers will be surveyed for potential capacity across services

- ❑ Strategy approved by our Stakeholder and Executive Committees in late 2015
- ❑ Developed in accordance with our Stakeholder Committee guiding principles
 - Extends expertise and framework as developed by NYC Health + Hospitals
 - Modification, enrichment, and expansion by community partners
- ❑ Strategy to be executed in three phases, each of which will be informed by bidirectional communication and community engagement, including our Consumer Advisory Workgroups
- ❑ We expect training will begin in summer, 2016
- ❑ Challenge will be to effectively incorporate training into on-the-ground deployment of care models across a broad network of diverse partners and patients

Phase	Activities
Assessment	Organizational + systems assessment, complete inventory of community interventions, refinement of CNA analyses, REAL data collection improvement, identification of priority groups, gap analysis
Intervention Design	Define training/retraining need, use gap analysis to define recruitment need, select appropriate patient self-management tools, formalize/expand community partnerships
Implementation + Measurement	Define evaluation methods for workers and for patient/consumer health improvement, seek to integrate interventions into CNAs and improvement projects, develop dashboards

- ❑ We have formed a consortium of four (4) NYC PPSs and engaged consulting firm BDO in order to complete some of the DSRIP workforce requirements

- ❑ Workforce training is implemented as needs are defined through DSRIP planning process and will be performed by vendors, the CSO team, and partner experts, including CBOs and community providers. Examples of current training needs:
 - CHW training for asthma home visits
 - Palliative care training for primary care providers
 - PCMH care team implementation
 - General DSRIP education for frontline staff and community based organizations, including value-based purchasing
 - Cultural competency + health literacy

Inter-PPS Collaboration Beneficial to Partners and Patients

Activity	Collaborators	Description
<p>Project Selection and Planning</p>	<ul style="list-style-type: none"> • Bronx Partners for Healthy Communities (SBH) • Community Care of Brooklyn (Maimonides) • Bronx-Lebanon Hospital Center • Advocate Community Partners 	<p>We share 10 projects with the Maimonides PPS, nine with the SBH PPS, and seven with the Bronx-Lebanon PPS. Similar project selection allows for resource sharing and collaborative brainstorming in project planning and implementation.</p>
<p>Workforce Development and Training Strategy</p>	<ul style="list-style-type: none"> • Bronx Partners for Healthy Communities (SBH) • Community Care of Brooklyn (Maimonides) • Brooklyn Bridges (NYU Lutheran) 	<p>We are working with our partners and an expert vendor, BDO, to collaborate in developing our workforce training and development strategy, streamline data collection across overlapping partners and reduce cost through a city-wide approach on workforce current state.</p>
<p>Care Management Platform Design</p>	<p>Community Care of Brooklyn (Maimonides)</p>	<p>We are jointly pursuing design of a DSRIP care management platform with Community Care of Brooklyn (Maimonides)</p>
<p>Education for Patient Consent</p>	<ul style="list-style-type: none"> • Bronx Partners for Healthy Communities (SBH) • Others 	<p>We are working to provide basic training to address concerns of patients who are reluctant to provide consent to having their information in the RHIO.</p>

HIV (4.c.ii)

- ❑ OneCity Health is implementing six projects as part of this effort
- ❑ Initiatives are being designed in alignment with ongoing state and citywide initiatives
- ❑ Cross-partner workgroups under formation for planning and implementation
- ❑ OneCity Health and five other PPSs established an HIV project coalition, which is being convened by the NYC Department of Health and Mental Hygiene and will focus on identifying best practices and resource-sharing

Mental Health and Substance Abuse (4.a.iii)

- ❑ This project will build the capacity of school-based staff across four New York City boroughs to identify and address behavioral health needs within a school setting and create linkages to community support resources
- ❑ OneCity Health and three other PPSs established an MHSA project coalition
- ❑ The 4-PPS coalition has agreed to jointly fund and govern the implementation of the MHSA project across an estimated 100+ middle and high schools across NYC
- ❑ The Jewish Board of Family and Children's Services (JBFCS) was unanimously selected as the lead agency for this project via collaborative RFP process

Appendix

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OneCity Health's core values were jointly developed during the inaugural PAC meeting

- ❑ Building healthier communities by improving access to quality healthcare and addressing the social determinants of health and well-being
- ❑ Commitment to sustained, meaningful processes to share ideas, progress, and outcomes
- ❑ Collaborative development of projects based on community needs
- ❑ Acknowledgement and consideration of everyone's perspective
- ❑ Open and transparent decision-making
- ❑ Shared leadership, shared resources, shared accountability, and shared ownership
- ❑ Long-term commitment to community engagement and partnership
- ❑ Development of relationships that make powerful and significant contributions to a complete, seamless, and responsive care continuum

“Project Participation Opportunities”: Transparent Process for Identifying Project Implementation Partners

Project Participation Opportunities are publicized documents that we may use upon initiation of our DSRIP projects. They are intended primarily for non-HHC partners and, alongside other means of engagement, help us identify qualified and interested partners who will participate in a given project.

“Project Participation Opportunity”: Components

- Description of partner participation role in project
- Required partner qualifications/criteria
- Response process and timeline
- Ongoing timeframes for project participation identification



Process Overview

1. Multi-channel dissemination of Project Participation Opportunities to all partners
2. Submission of responses by interested partners
3. Review of responses by PPS management (within the context of existing partner engagement data from the PRAT and in-person partner visits)
4. Preparation of budget/funds flow estimates for review by Business Operations and IT Committee and approval by Executive Committee
5. Negotiation and execution of project contract schedules with selected partners

*Note: Project Participation Opportunities serve as a partner engagement mechanism to identify the universe of potential project participants; they do not reflect a formal procurement process

Likely Engagement of Community Based Organizations

Project	Potential for CBO Involvement (not yet finalized)
Project 11	Administration of PAM survey, coaching for activation, and linkage to coverage and care
Asthma at Home	Provision of community health workers for home screenings
Primary Care/ Behavioral Health*	Accepting appropriate referrals from integrated behavioral health/primary care system
Health Home at Risk*	Provision of certain non-clinical care management/coordination functions
Cardiovascular Disease*	Support for patient self-management
Palliative Care in PCMH*	Social support, caregiver support, legal issues, nutrition for comprehensive management of patients with advanced illness
Care Transitions*	Linkage to CBOs following risk-factor screening (including social services). Transition managers may be via CBO.

* Contracting intended to occur beginning March, 2016

Executive Committee

Name of Member's Affiliated Organization (PPS, Network Provider, Consulting Firm, etc.)	Title
Community Healthcare Network	Vice President of Development and Public Relations
Coordinated Behavioral Care (SUS)	Board Chair (CBC), CEO (Services for the Underserved)
Healthfirst	CEO
NYC Health + Hospitals	CMO
NYC Health + Hospitals	EVP, Corporate COO
Jewish Board of Family and Children's Services, Inc.	Chief Legal & Strategy Officer
New York Immigration Coalition	Director of Health Advocacy
NYLAG	Director and Founder, LegalHealth
OneCity Health Services	CEO
OneCity Health Services	Sr. AVP, Bronx Hub Executive Director
OneCity Health Services	Sr. AVP, Brooklyn Hub Executive Director
OneCity Health Services	Sr. AVP, Manhattan Hub Executive Director
OneCity Health Services	Sr. AVP, Queens Hub Executive Director
SUNY Downstate Medical Center	Acting Dean, SUNY Downstate College of Medicine

Nominating Committee

Name of Member's Affiliated Organization (PPS, Network Provider, Consulting Firm, etc.)	Title
Community Healthcare Network	Vice President of Development and Public Relations
NYC Health + Hospitals	CMO
New York Immigration Coalition	Director of Health Advocacy
OneCity Health Services	CEO
SUNY Downstate Medical Center	Acting Dean, SUNY Downstate College of Medicine

Business Operations & IT Committee

Name of Member's Affiliated Organization (PPS, Network Provider, Consulting Firm, etc.)	Title
All Metro Health Care	Vice President of Strategy and Business Development
Centerlight	CIO
Coordinated Behavioral Care (CBC)	Executive Vice President, CBC IPA
NYC Health + Hospitals	Sr AVP of Technical Services + Interim CIO
NYC Health + Hospitals	SVP + Corporate CFO
NYC Health + Hospitals / Elmhurst	CFO, Elmhurst
Interboro RHIO	Executive Director
OneCity Health Services	CEO
OneCity Health Services	Sr Director, IT Strategies and Implementation
Visiting Nurse Service of New York	CIO

Care Models Committee

Name of Member's Affiliated Organization (PPS, Network Provider, Consulting Firm, etc.)	Title
ArchCare	Director of Business Development
Community Healthcare Network	Director of Advanced Practice Nursing
Doctors on Call	Chief Medical Officer
DOHMH	Executive Deputy Commissioner, Division of Mental Hygiene
Health People	Executive Director
NYC Health + Hospitals	AVP, Office of Ambulatory Care Transformation
NYC Health + Hospitals	SAVP of the Office of Patient Centered Care, Corporate Chief Nurse Executive
NYC Health + Hospitals / Elmhurst	Chief of Department of Medicine, Elmhurst
NYC Health + Hospitals / North Bronx Health Network	Chairman of Medicine, NBHN; PAGNY Representative
NYC Health + Hospitals / Queens	COO
Jewish Board of Family and Children's Services(JBFCS)	Director of Care Management
New York State Nurses Association (NYSNA)	Director
OneCity Health Services	CEO
OneCity Health Services	Chief Clinical Officer
South Asian Council for Social Services	Executive Director
SUNY Downstate Medical Center	Professor, SUNY Downstate College of Medicine
SUNY Downstate Medical Center	Director, HIV Center for Women and Children
Visiting Nurse Service of New York	SVP - Population Health and Clinical Support Services, VP Clinical Operations Strategy and Development

Stakeholder and Patient Engagement Committee

Name of Member's Affiliated Organization (PPS, Network Provider, Consulting Firm, etc.)	Title
Coalition for Asian American Children & Families	Health Policy Director
Commission on the Public's Health System	Director
Coordinated Behavioral Care (CBC IPA)	Sr Vice President for Care Management and Program Development (ACMH, Inc.); CBC IPA
DC 37	Snr. Assistant Director, Research and Negotiations
NYC Health + Hospitals	Associate Executive Director of Health and Home Care
NYC Health + Hospitals	SVP Corporate Planning
NYC Health + Hospitals	SVP, Safety and Human Development
NYC Health + Hospitals / Queens	Associate Executive Director, Queens
NYC Health + Hospitals / Queens	Chief Patient Experience Officer and Senior Associate Executive Director of Patient Care Services, Queens
New York Immigration Coalition	Director of Health Advocacy
NYC Department for the Aging	Director of Program Development
OneCity Health Services	CEO
OneCity Health Services	Sr. Director, Project Manager
OneCity Health Services	Sr. Director, Communications
People Care	Corporate Director of Clinical Services and Quality Management
Planned Parenthood of New York City, PC (PPNYC)	Director
SUNY Downstate Medical Center	Associate Dean for Community Public Health Affairs
SUNY Downstate Medical Center	Professor and Chair, Dept. of Family Medicine
Village Care	Chief Strategy Officer
William Ryan FQHC	Chief of Strategic Initiatives

Bronx Hub Steering Committee

Name of Member's Affiliated Organization (PPS, Network Provider, Consulting Firm, etc.)	Title
Community Healthcare Network	Deputy AVP of Clinical Operations
Compassionate Care Hospice	Program Director
Health People	Executive Director
NYC Health + Hospitals / North Bronx Health Network	Chairman of Medicine, NBHN; PAGNY Representative
NYC Health + Hospitals / North Bronx Health Network	Chief Operating Officer, North Bronx Health Network
Jewish Board of Family and Children's Services(JBFCS)	Director of Care Management
OneCity Health Services	CEO
OneCity Health Services	Sr. AVP, Bronx Hub Executive Director
Total Care Pharmacy	Pharmacist and Owner
Visiting Nurse Service of New York	Account Director

Brooklyn Hub Steering Committee

Name of Member's Affiliated Organization (PPS, Network Provider, Consulting Firm, etc.)	Title
CAMBA	Vice President, CAMBA's Health Link Program
Compassionate Care Hospice	Clinical Director, Brooklyn
NYC Health + Hospitals / Coney Island	Medical Director, Coney Island; Physician Affiliate Group
NYC Health + Hospitals / Kings County	Chief of Ambulatory Care, Kings County
OneCity Health Services	CEO
OneCity Health Services	Sr. AVP, Brooklyn Hub Executive Director
Ridgewood Bushwick Senior Citizen Council Inc.	DSRIP Project Director
SUNY Downstate Medical Center	Associate Dean for Community Public Health Affairs
SUNY Downstate Medical Center	Chairman
Village Care	Director, Community Care Management

Manhattan Hub Steering Committee

Name of Member's Affiliated Organization (PPS, Network Provider, Consulting Firm, etc.)	Title
ArchCare	Director of Business Development
Community Healthcare Network	Director of Advanced Practice Nursing
NYC Health + Hospitals / Bellevue	Clinical Director of Ambulatory Care, Bellevue
NYC Health + Hospitals / Gouverneur	Executive Director, Gouverneur
NYC Health + Hospitals / Harlem	Associate Executive Director, Harlem Hospital Center
NYC Health + Hospitals / Metropolitan	Deputy Executive Director, Metropolitan
Northern Manhattan Perinatal Partnership	Program Director of Wellness NOW Collaborative
OneCity Health Services	CEO
OneCity Health Services	Sr. AVP, Manhattan Hub Executive Director
Village Care	Chief Strategy Officer
William Ryan FQHC	Executive Director, Ryan/Adair Center

Queens Hub Steering Committee

Name of Member's Affiliated Organization (PPS, Network Provider, Consulting Firm, etc.)	Title
Community Wellness Centers of America	CEO
NYC Health + Hospitals / Elmhurst	CFO, Elmhurst
NYC Health + Hospitals / Elmhurst	Chair of Community Advisory Board, Elmhurst
NYC Health + Hospitals / Elmhurst	Chief of Department of Medicine, Elmhurst
NYC Health + Hospitals / Elmhurst	Medical Director of Amublatory Care for Mount-Sinai Services - Elmhurst Hospital Center
NYC Health + Hospitals / Queens Healthcare Network	SVP Queens Healthcare Network, Executive Director of Elmhurst
NYC Health + Hospitals / Queens	Associate Executive Director, Queens
NYC Health + Hospitals / Queens	Chief Patient Experience Officer and Senior Associate Executive Director of Patient Care Services, Queens
NYC Health + Hospitals / Queens	COO
NYC Health + Hospitals / Queens	Director, Dept. of Psychiatry, Queens
Mental Health Provider of Western Queens	Senior Officer for Development and Clinical Services
OMH	Executive Director, Creedmor
OneCity Health Services	CEO
OneCity Health Services	Sr. AVP, Queens Hub Executive Director
PSCH Inc.	President